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ORIGINAL DEPARTMENT.

LECTURE.

TREATMENT OF ULCERS.

BY GEORGE L. BEARDSLEY, A. M., M. D.

LECTURE II.

Two sentiments are discovered unfavorable to the adoption of a *system* in the management of ulcers. The first is a prejudice, as shallow as it is contagious, which is satisfied, in view of the inveterate hostility of most ulcers to reforms, to relegate all to the order of "nuisances" or opprobria, which is pleased to regard any acquaintance with *old sores* as derogatory to the pretensions of refined surgery. This notion has always chilled and retarded a wholesome study of the subject. Not until surgeons are awakened to the necessity of lending special inquiry into this class of afflictions, will the matter be made less barren of interest, or the fruits of the various methods urged less bitter with disappointment. The other obstacle is the formidable array of remedies and therapeutics on the subject. If the researches in this direction could be charged with no other weakness than that of being exhaustive, there would be no temptation to criticise. A review, however, shows that the recipes have been as opposite in kind as numerous. No one theory seems to have obtained general acceptance. Each writer has built up a method on guesses. If chance let a treatment outlive a trial, it was pushed into an early grave because it was too slow or tedious in its operation. This was succeeded by another and another invention, whose fault was, it was too irritative or too

mild. Is it strange, then, with such a confusion of remedies, surgeons have grown disgusted, tired of continual experiments, and have fallen on some salve or wash whose healing essence was no more than a mortgage on time? This empirical kind of therapeutics ought to be corrected. The blunder has been that every ulcer, almost, has been explained, taught, and handled as a local infirmity entirely; whereas, in the majority of cases, the system at large first becomes depreciated, and then follows a loss of plasticity in a particular locality, for special reasons. The law is, that ulcers are related to dyscrasias, and are to be awarded treatment accordingly. Measures for the reparation of local damages must be associated with others that aim to neutralize blood-poisons, to carry off ill-assimilated materials, to return tone to relaxed fibre, to reclaim deranged processes of nutrition. Among many the danger of healing this or that ulcer has been ardently argued. A sore was looked upon as an outlet for some ferment, which, if allowed to be pent up, would elsewhere demonstrate its virulence to the death of the part, a derivative to obviate some of the accidents of plethora. Granting the contingency of such disasters, the sensible way is to address proper remedies to the system, and thus escape the penalty that the mere repression of a discharge foreshadowed. I am loth to be understood as proscribing topical treatment. Rather have I learned to rightly value it, and I am confident in reporting the results of methods I have employed. I shall allow an importance to the various lotions and ointments that will tickle even the most biased reader.

Treatment of Inflamed Ulcers.

The study of this class has convinced me that the blood is charged with an acid, and the habit has come on me of referring inflamed ulcers to a podagral taint. My tactics, then, are at once directed to an oxidation of that element. A non-nitrogenous diet is ordered, in conjunction with the salts of soda and ammonia, in the way of aperients or baths. The phosphate of ammonia, in a decoction of aloe, is a favorite combination with me, as an eliminative of the urates. Inflamed ulcers yield remarkably to this kind of medication. Colchicum is, also, indicated. Just now the drift seems against the curative or antidotal properties of this drug, in favor of its sedative impression. Its therapeutics are not eulogized nor explained by me; but my observations of its workings argue that, when fairly and faithfully pushed, it will, somehow, break the habit, not only of gouty sores, but also the progress of those suspiciously related to such a diathesis, and fast help to their correction. Besides dosing our patients, much, indirectly, can be done to assist the constitution in throwing off the humor. The diet must be regular, and chiefly vegetable. Drains on the energies of the system are to be checked; strict cleanliness, with daily ablutions, must be accepted by the patient as a necessity. Whatever violates the purity of the blood, as spirituous liquors, brackish water, highly-seasoned or stale food, must be prohibited; fresh air and sunlight must have access to the room, or be imbibed in daily strolls. If the inflammation is not angry, cold-water poultices answer well to relieve the hyperæmia. Douches, however, seem to shock the vessels, and reduce the temperature more speedily. They are decidedly agreeable, and easily managed. As soon as the limb is cooled, the ulcer should be capped with oiled lint, and the edges approximated by adhesive strips. If the excitement runs high, plasters are to be discarded and fomentations prescribed. Every half-hour the limb must be bathed in hot water, or the ulcer must be poulticed. This dressing is to be light, and renewed two or three times a day. Too much cannot be said on the great necessity of changing the coverings of ulcers, particularly the inflamed. All hot applications have their virtues early surrendered. No poultice ought to remain longer than five hours. Its composition is, also, of no mean consideration. The bread cataplasm is usually too heavy or

soggy, and loses its warmth rapidly. Bran is worse. Pledgets of sponge, soaked in a hot infusion of conium leaves, and laid under oiled silk, sometimes sweat the fired tissue sufficiently. The linseed or slippery-elm poultice does, perhaps, as good service as any contrivance. The meal should be mixed with equal measures of hot water and glycerine. The latter ingredient keeps the poultice constantly soft and sweet, and unquestionably encourages a healthy supuration. Hot infusions of opium, garget, or henbane, are also useful. Carded wool saturated with these washes, to which the liq. plumb. sub-acetat. has been added, should envelop the limb. This is the most soothing dressing we can invent for any inflamed spot. It invariably acts as an anæsthetic, quieting the pricking and dry sensation, and deadening the throbbing pain. Evaporating lotions are favored by some authorities. They are easily prepared and simple in composition. I question whether the cold thus manufactured can last long enough to lower the heat considerably. Ice-water is the most refrigerative application. All these mixtures, however, are contra-indicated so long as there are evidences of pus, as the vitality of any part, when suppurating, is always imperiled if its thermal differences alternate suddenly. The antiphlogistic energy of all these applications may often be increased by prefacing their use with local depletion. Leeches may be applied, or punctures made with a scarifier, to abstract the blood. The hyperæmia will generally yield to some of these processes; but if the base throngs with spongy papillæ, these must be repressed, and to this end caustics must be tried. The escharotic impression must be mild, as our aim is, not to eat into the roots of the granulations, but to clip them or restrain their growth, and inject a new and healthy vigor into them.

Treatment of Fistulous Ulcers.

If the sinus is complete, and in the ischio-rectal fasciæ, excision is the law. The dread of pain, or the inconvenience of a wound that must lie open for a week or so, to heal properly, has prevailed with many to plead for milder measures of interference. Two such have been proposed, the ligature and stimulant injections. The latter is a blind experiment, and leans for success too much on luck. Solutions of iodine and silver are thrown into the fistulæ for some time, in the belief that the pseudo-mucous

lining can thus be destroyed. The injections must be followed up vigorously. The pain is considerable, and of a smarting character; the operation can only be ruled by a surgeon or experienced assistant. Some exception may be taken to the impropriety of this method when the fistulæ are external. Still, patients who elect this treatment, early and cheerfully abandon it for the knife.

The ligature purports to do just what we expect of the bistoury, with less hemorrhage, for more delicate patients, without anæsthetics, but does not declare for so rapid a recovery, so thorough an obliteration of the walls, and drives the subject through a series of tortures, as the cord is at intervals tightened. It is, also, to be remembered that this mode of strangulation may start a flow of pus, or an exhaustive drain of sloughing products that may in the end tally greater against the vigor of the person than the fancied shock of an incised wound. A ligature known as the "elastic" is praised by Dittel. Moliere and Allingham have not been slow in endorsing it. They argue for it that it does not incapacitate the party for work, and that the tension can be incised so artfully that the fistula will break down without pain. It has not been my fortune to try this rubber cord, and I have so mean a faith in the theory of its operation as to contract with myself never to use it. It strikes me this experiment promises a success only when the internal aperture is above the internal sphincter.

The simple noose has been allowed five trials by me. Two of the cases had been imperfectly cut by another surgeon. These five martyrs suffered the annoyance for a week, on the average, then cursed the string, and ordered me, in a few earnest idioms, to lay bare or rip up the sinuses. Setons are open to the same objection, that, instead of stimulating a new process of repair, they, generally, make the canals shed flakes of dead lymph. If inserted, they should be fresh every third day, and of oakum. In anal sinuses they are quite popular, and occasionally irritate the walls favorably. The "galvanic cautery" is too expensive and formidable an apparatus for general patronage. A piece of iron wire heated white-hot is just as good. So far, we have conceived and treated of fistulæ as in the territory of the anus. *Pressure* may be employed, in addition to the measures enumerated, quite advantageously, when fistulæ dissect exposed surfaces on the

trunk. Compresses may be strapped on the roof of such sinuses so firmly as to coax an agglutination of the sides. Vesico-urethral and recto-vaginal fistulæ are not counted in this class, as they are lacerations of septa, and come in the province of wounds and their appropriate treatment. Ingenious as are the devices for the cure of fistulæ, they can never supplant a judicious sweep of the bistoury. Why sinuses are so often stubborn in healing, when cut, is, not because the section of the muscles is too severe, or because the loss of blood compromises the life of the fibres, but through surgical blunders: (a) the knife is not pushed deep or high enough to extinguish the full extent of the track; (b) the contraction of the muscles perseveres from imperfect division; (c) *the cavity has not been packed properly*. In these errors lies the secret of the failure. The sinuses may have been thoroughly exposed, the surgeon considers his service done, neglects the dressing, or intrusts it to an ignorant or careless nurse. To his surprise, the wound shuts up prematurely, with the canal not obliterated, and the granulations have not revived fast enough to consolidate the cavity. In operating on these ulcers, I have learned to be satisfied to carry the knife to the internal aperture, *then stop*, and cut out. This division concluded, I scratch the floor of the fistula with the point of the bistoury, in parallel lines, to make sure havoc of the membrane. The bleeding arrested, I stuff the wound to the edge with lint soaked in a solution of cup. sulph. (gr. ij to aq. 3j), and adapt a pad to the parts. The wad is to be drawn on the fourth day, and the wound syringed with diluted port wine. At every succeeding examination the lint should be interposed with less pressure; but *the packing must not be discontinued until the granulations have filled the track*. The union of the cut edges may then be allowed. When the fistula is multilocular, or has several avenues winding from it into the suburbs, nothing short of a generous dissection and exposé of every abscess and canal will satisfy. The question has been a good deal mooted whether fistulæ in tuberculous subjects should be closed. I am no convert to the tenet that such a sore is a counter-irritant. Experience asserts of fistulous patients that they are invariably tried and debilitated by the drain. It is to me an adulteration of good sense to countenance such a leak, when our best thera-

peutics insist on every measure for husbanding the strength of phthisical subjects. If counter-irritation is necessary, we can start it in more convenient and agreeable quarters than the buttock, and define it. To let such an issue stand, to ward off or postpone the liquefaction of tubercle, is as plausible and logical as to forbear checking a chronic diarrhoea or hemorrhage for fear of some revulsion or kick elsewhere. The constitutional treatment of fistulæ is almost *nil*. The bowels are, of course, to be kept regular and free in their action. Constipation is a common complaint, and is to be corrected by farinaceous food and fruit, as the pulp of prunes or figs, and gentle laxatives. If clysters are preferred, to increase the alvine urgency, warm water is sufficiently persuasive. A course of tonics is indicated if the system is much relaxed, and pain is at once to be blunted by local or hypodermic medication with the salts of morphia. Some years since, a preparation known as "Ward's paste," a confection of black pepper, enjoyed quite a reputation as a specific for rectal ulcers. Its stimulating properties were awarded a magic energy to arouse a healthy inflammation. Time has stripped this panacea, as it has the other boons of our wiseacres in disease, of all its charms, and excision is now accepted as alone orthodox. If more scrupulous care is given to keep the walls of cut sinuses from uniting until the granulations consolidate them, fistulæ will not bother us in contracting, and crusades against the cold knife will be stilled.

COMMUNICATIONS.

A CASE OF UNUNITED FRACTURE OF THE HUMERUS TREATED BY OPERATION.

BY J. A. DIBRELL, JR., M. D.,
Of Little Rock, Arkansas.

After a careful examination of the books and journals to which I have access, and finding but few reported cases of resection for the relief of ununited fractures, and judging also, from the fact that I have in the past two years received letters from surgeons in other States making inquiries in reference to this operation, I conclude that it has not been very frequently resorted to, and that the report of the following case will not be uninteresting to some of your many readers.

Resections may, I think, be yet regarded as in the advance ground of conservative surgery, and the report of cases, successful or unsuccessful, is important, in order to determine the justifiability of the operation, in lieu of measures less radical.

The history of the case, as given me by Dr. Thomas Smith, of this city, under whose care the patient first came, and who subsequently kindly referred it to me for treatment, is about as follows:—

Thomas Dickson, a negro, aged about 40. While working at a sawmill in this place, on the 1st day of December, 1874, an emery stone in rapid revolution burst. A fragment weighing eight pounds was projected the distance of forty feet, striking the patient on the posterior aspect of the right arm. The tissues were very much lacerated, the humerus broken, and somewhat comminuted at a point three or three and a half inches above the elbow-joint.

Dr. Smith saw the patient shortly after the accident, and appropriately dressed the injured arm. Under his treatment, the wound healed kindly, but, notwithstanding every effort was made to accomplish that object, the humerus failed to unite.

The patient denied positively ever having had syphilis, nor was any history or indications present of a scrofulous taint. I first saw the patient in the summer of 1875. His general health at that time appeared good. His arm he was compelled to carry constantly in a sling. On examining it, an ununited fracture was readily detected. Ligamentous union had evidently taken place. Some ankylosis had taken place at the elbow-joint, probably of the false or spurious variety, as no considerable inflammation is represented as having occurred about the joint at the time of the injury. It must, then, be due solely to the long retention in a fixed position. The forearm could not be flexed more than an angle of 45° nor extended beyond 100°. The upper end of the lower fragment, where the limb was allowed to hang unsupported by the side, was displaced forward, causing some deformity. This, however, was more apparent than real, as considerable redundancy of bony tissue existed at that point. The muscles of both the upper and lower arm were somewhat atrophied. The patient had but little or no control over them. He could not, in any degree, elevate the arm; the fingers only could be slightly flexed. I

determined to resort to no surgical interference, for the weather was very warm, and malarial fevers were prevailing to an unusual extent. I therefore deemed it best to give the patient all the advantages of cooler weather and a healthier season.

On the 26th of October, 1875, with concurrence and assistance of Drs. Thomas Smith, and A. H. Scott, of this city, and Assistant Surgeon R. S. Vickery, U. S. A., I proceeded to operate in the following manner: The patient having been previously chloroformed, and the elastic bandage applied, an incision six inches long, through the old cicatrix, down to the bone, was made, and the false joint exposed and opened. Ligamentous union was found to have taken place. The ends of the bone were also in part covered with cartilage. This was carefully cut away with a strong knife, and all bony angularities removed with pliers. The fractured ends were thus made smooth and to coaptate perfectly. Embedded in the muscular tissue adjacent to the fracture, and evidently undergoing absorption, two small pieces of bone were found and removed. The medullary canal was obliterated, being filled with cancellated bone tissue.

With a common straight-sewing awl, a hole was without difficulty drilled in both ends, obliquely down and out at the centre of the cancellated structure, beginning half an inch from the edge of the fracture. The holes, consequently, only passed through each of the broken ends, from behind, forward. Through these holes a silver wire was passed, and twisted six times to the right, and both ends of the same brought out at the wound, and fastened down with adhesive plaster. The wound was closed with ordinary silk sutures and adhesive strips. A piece of adhesive plaster two and a half inches wide was next carried from the axilla, over the elbow, to a corresponding point the opposite side of the arm, in order to prevent any strain upon the wire.

As a temporary dressing, a roller bandage was applied to the entire limb; straight splints on the outer and inner sides of the arm; anteriorly, an angular splint of stout binder's board, from the shoulder to the ends of the fingers. A lotion, composed of liq. plumb. sub. acet., tr. opii and water, was ordered to be freely applied to the wound. This dressing was taken off on the morning of the fourth day, and plaster bandage to the entire limb substituted. Before the plas-

ter had set, a window, corresponding to the extent and position of the wound, was cut through it, in order to give free egress to discharges. On the day following that of the operation, only a slight elevation of the normal temperature was perceptible, with an increase of the pulse a few beats per minute; but beyond this no further constitutional disturbance occurred during the progress of the case. This, too, quickly subsided, for the temperature and the pulse, after the third day, remained normal.

The wound, from this time forward, was dressed with carbolic cerate. Small doses of tr. ferri chloridi, quin. sulph., were administered three times daily, in conjunction with good wine, for twelve or fourteen days, beginning ten days after the operation. Phosphate of lime was also taken during the same period.

December 13th. Removed the plaster bandage in order to examine the progress of the case. Wound nearly healed; union appears to be taking place. Put on a starch bandage, under the last turns of which light wooden splints were placed on front and sides of the arm; posteriorly, pasteboard with hole cut at seat of wire. The starch bandage was substituted for the plaster because it was more easily removed. It was equally secure, as the discharge from the wound was now trifling.

December 30th. Again removed and reapplied bandage. Wound ready to heal but for the presence of the wire; union becoming firmer.

January 6th, 1876. Union appears to be quite firm. Removed the wire with "twister," turning the instrument six times to the left.

This simple procedure of giving the wire a definite number of twists in a given direction, as recommended by Dr. John H. Packard (*American Journal of Medical Science*, July, 1875), is of much practical importance in the management of a case of this character. The wire serves the double purpose of keeping the fragments in apposition, and in stimulating the deposit of plastic lymph. After these objects have been attained, the wire becomes a source of useless irritation, in causing an unnecessary amount of new bone to be developed, and in effectually preventing the complete closure of the wound. By carefully noting the direction, and the number of times the wire is twisted, it will be an easy matter at any time to untwist and remove it.

January 26th. The patient presents himself to-day. All dressings removed; wound entirely

healed; union appears very firm. Prescribed a stimulating liniment, and directed him to keep up passive motion, with a view of restoring the function of the long-useless member.

February 26th. The patient is slowly but progressively regaining the use of his arm; will, doubtless, in a few months be able to gain his livelihood.

TREATMENT OF FRACTURES BY THE BRAN-BOX.

BY DR. A. BATES, M. D.,
Of Viroqua, Iowa.

Allow me to call the attention of your readers to a mode of treatment for fractures, and other severe injuries of the leg and ankle, which I have successfully used, both in simple and compound fractures.

The plan was suggested to me by the bran-box of Dr. J. R. Barton, as I had seen it in use in the Pennsylvania Hospital thirty years ago. It was used then in cases of suppurating compound fractures, to afford a comfortable bed for the limb, to absorb the discharges, and also, by covering the wound, to keep away flies.

The idea occurred to me that, by packing the bran firmly around the whole limb, any case of fracture could be treated, without any other dressing.

But I found, on trying it, that the bran was too elastic, and could not be made to secure the parts against motion. I, therefore, tried unsifted corn meal, which I found to answer in every respect. Since all are not familiar with Barton's bran-box, I will describe my own method:—

A piece of inch board, long enough to reach from the upper part of the thigh to a little beyond the foot, about seven inches wide at the upper end, and five inches at the lower end, will serve as the bottom of the box. A foot-board of the same thickness is nailed to the lower end, and two side-pieces of thinner material, and at least seven inches wide, are firmly nailed to the bottom and foot-boards, and the box is complete.

In applying it, a folded cloth should be laid in the upper end, and the bottom covered with meal an inch deep. Then, the surgeon holding the limb by the knee and ankle, an assistant places the box beneath, and the limb is let down into it, so as to rest lightly on the meal, and held firmly while meal is poured in and

compacted under and around it with the hands, assisted by a blunt wooden spatula, until the parts are immovable, soft cloths being placed between the thigh and the upper part of the box. Care must be taken that the meal is well compacted around the knee and ankle; indeed, the whole limb must be equally secured.

To prevent disturbance from involuntary movements of the patient, a small pad may be placed on the knee and secured by a bandage passed around the outside of the box. It will be found that a considerable amount of the surface may be left uncovered, and remedies may be applied to the injured parts if it is deemed necessary.

I have thought best to take the limb out of the box and wash it thoroughly, at least once a week, but perhaps all that is really necessary is to remove that part of the meal in contact with the skin, as often as it becomes saturated with perspiration, and this can be done, a part at a time, without moving the limb.

Some of the advantages claimed for the above method are:

1. The limb can be examined at any time, without handling it.
2. The parts are immovable, and entirely at rest.
3. The circulation is not interfered with, since the pressure is not great, and is entirely even.
4. The dressing is more comfortable to the patient than any other that requires confinement to bed.
5. The material is cheap, and can be obtained almost anywhere.
6. The treatment is simple, and can be well applied by almost any one.

Various modifications might be suggested to meet particular cases, but these will suggest themselves to the surgeon when occasion calls for them.

HOSPITAL REPORTS.

NEW YORK WOMAN'S HOSPITAL.

Reported for the MEDICAL AND SURGICAL REPORTER.

Uterine Polypus.

A patient, aged forty-nine, entered Dr. Emmet's service, saying that she had been under treatment for falling of the womb. There had been no bloody discharge from the vagina for eighteen months, and when she was placed on the examining-table a mass the size of an

almond was found to be attached to the posterior lip of the cervix. There was no distress occasioned by the growth.

Treatment.—The patient was anesthetized, and then the uterus drawn down by means of a tenaculum and a slip-noose placed around the pedicle, and the growth cut off with the scissors. The after-treatment consisted in making an application of Churchill's tincture of iodine every few days. After ten days the patient was completely recovered.

Fungoid Granulations of the Mucous Membrane of the Uterus.

A patient, aged forty-six, single, entered the hospital with the following history:—Began menstruating at fifteen, and had been regular till three months before admission. At that time failed to notice any vaginal flow for six weeks, but when menstruation began it continued, without ceasing, for three weeks.

After admission to hospital the cervix uteri was dilated by means of sponge tents sufficiently large to introduce the index-finger. It was then found that several mucous polypi could be discovered. They were removed by Dr. Emmet, and Churchill's tincture of iodine applied to the cavity of the uterus.

For six months after this treatment the patient was regular, but at the end of that time menorrhagia returned. The cervix uteri was again dilated, and one drachm of granulations removed. Shortly after this operation the patient, contrary to orders, got out of bed. Symptoms of pelvic cellulitis soon after developed, but were readily subdued by vaginal injections of hot water. Convalescence was soon established, and the patient discharged from the hospital.

Intra-Uterine Fibroid.

A patient, aged thirty-four, entered hospital with the following history:—She was married when twenty-five years of age, and since that time has had four children and three abortions. Four years ago had a polypus expelled by the contractile efforts of the uterus. For the past three years has had dysmenorrhœa throughout the flow. Latterly this has increased, and for the past four months menstruation has continued sixteen days.

Physical Examination.—When the finger was introduced a tumor was detected, filling the cavity of the cervix and protruding into the vagina. On more thorough examination, the pedicle was found attached to the posterior surface of the uterus. On introduction of Sims' speculum the surface of the mass was found to be irregular and shining, showing it to be a fibrous tumor.

Operation.—The patient was anesthetized and placed on her back. A noose with slip-knot was then placed around the pedicle by Dr. Emmet, and traction made. The pedicle was found to be attached to the fundus posteriorly. After traction was made for a few moments, the pedicle was cut and the growth removed. The after-treatment consisted in uterine injections of hot water, followed by the injection of two drachms of Churchill's tincture of iodine. After this application all hemorrhage ceased. A pledget of cotton soaked in glycerine was placed against the cervix, and the vagina slightly tamponed. Two days after, the dressing was removed and the uterus syringed out with hot water. No fever followed the operation, and in two weeks afterward the patient was discharged cured.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Antiseptic Treatment in Incision of Hydrocele.

Professor Volkmann, of Halle, observes, in the *Berlin Klin. Woch.*, that there is scarcely any other operative procedure that is so likely to convince an observer of the efficiency of the antiseptic treatment as that of incision for hydrocele. Those whose former experience had taught them how frequently severe reaction followed this operation, and how seldom recovery occurred without tedious suppuration and the occurrence of various interruptions, now find that the healing process takes place with the greatest simplicity and remarkable rapidity. Healing by the first intention occurs over the greater part of the surface of the

wound, and without a trace of local reaction, the patient being able to leave his bed and walk about in five or six days, his discharge from the hospital taking place during the second week. Prof. Volkmann has employed this procedure in seventeen cases with undeviating good results, so that he is able to recommend its adoption. Both during and after the operation all the rules of the antiseptic method must be rigorously enforced. The vicinity of the genitals is to be most carefully and repeatedly cleansed with a solution of carbolic acid, and the hair of the pubes and around the anus is to be shaved off. After the incision has been carried from the ring to the base of the scrotum, the cavity of the tunica vaginalis is to be repeatedly washed out with a 3 per cent. carbolic acid solution, and the edges of the wound brought closely together during the continu-

ance of the spray by means of fifteen, twenty, or even more sutures, made of the finest silk, used double. Bleeding vessels, even of small calibre, should first be secured by the catgut ligature. The object in view with the antiseptic dressing is to bring the distended tunica vaginalis as closely in contact with the testis as possible, and the doing this is much aided by exciting contraction of the dartos by the repeated application of cold carbolic acid solution. When the sac is very large and relaxed, or when there is great fibrous induration or sclerosis, it may become exceptionally necessary to excise a portion of the tunica vaginalis. This method must not be carried too far, and great trust must be placed in the method. The total adhesion of the sac, even when it lies in folds, is easily brought about. In those cases in which the surface of the tunica vaginalis becomes greatly diminished by the contraction of the scrotum, no drainage-tube is required; but in others, in which there is found a long funnel-shaped reduplication of the tunica, a drainage-tube should be introduced perpendicularly to the surface of the testis. Lister's dressing is most carefully applied so as to secure the hermetic closure of the wound. In his first cases, Prof. Volkmann did not venture to apply sufficiently firm pressure, and there was a secretion produced, which necessitated the early reapplication of the bandages. In his later cases these have been kept on for two, three, or four days, and sometimes even longer still. Even after the second or third dressing the obliteration and adhesion may be so complete that the Lister dressing need not be continued, and a suspensory containing several layers of salicyliated wadding may be substituted.

Prof. Volkmann furnishes abstracts of the chief particulars of his seventeen cases, and states that in not one of them did he meet with any local reaction whatever. There was neither phlegmon of the scrotum, nor deposits of pus, nor even acute oedema or swelling of any kind of the scrotum.

Inhalation in Whooping Cough.

Dr. S. Lee writes to the *British Medical Journal* on the inhalation of carbolic acid in whooping cough:—

The inhalation of the acid may be conducted in two ways: either by long-continued inhalations of a weak solution, or by strong inhalations three or four times a day. For this purpose, I have used the steam-draught inhaler, by means of which, owing to the free admixture of fresh air with the vapor to be respired, the inhalations can be prolonged for several hours; and, there being no effort of inspiration, one of the main difficulties in obtaining the desired result in young children is overcome. In cases complicated with obstruction of the bronchial tubes with mucous secretion, a stimulating inhalation will sometimes excite spasmodic contraction and expulsion of the offending material.

I have used the carbolic acid inhalations in the mild and severe forms of the disease, and in both with considerable relief. In three cases that have come under my notice in adults, in one of which the malady had continued in spite of all treatment for eight months, attended with hæmoptysis and severe and frequent attacks of coughing, the relief obtained by inhalation of the acid was very marked.

The Blue Line in Lead-poisoning.

In order to distinguish the gingival line caused by lead from other discolorations on the gums which may resemble it, M. Cras (*Arch. de Méd. Nav.*, XXIII) excises the edge of the gum, and examines it under the microscope. He finds that the lead-line does not result from a tattooing of the gums by some metallic particles having penetrated into the epithelial cells, or more deeply. It is due to transformation of a soluble salt of lead into a sulphide precipitated in the capillaries by the retarded circulation in the gums, owing to the vicinity of the putrid detritus surrounding the neck of the teeth. It is, then, an injection of the capillaries by the sulphide of lead. M. Cras supposes that analogous vascular obliterations in the intestines are, perhaps, the cause of saturnine colic.

The Lancashire Fasting Girl.

The case of extraordinary fasting given in the *REPORTER* a week since, induces us to quote the following allied case from the *British Medical Journal*:—

Dr. Sephton writes:—I was first called to see Ellen Sudworth, a girl aged eleven years, who resided with her parents, about a mile from my house, on January 4th, 1870, and I had her under treatment for febricula and debility until March of the same year. After her recovery from this attack, she never seemed to entirely regain her usual spirits. When at school she was observed to mope, and in the family circle she never played or ran about as other children do. She continued in this state for some time; and early in June, 1871, I was again called in to attend her, and I then found her very low and weak, complaining of pain in the head of a throbbing character, which she likened to "the dropping of water on a stone." This headache and prostration continued for about six weeks, when she gradually lost her voice and expressed her feelings by signs; from this time she never spoke until about ten weeks ago, when she suddenly exclaimed that something had burst in her head, and she felt afterward able to speak. For two months prior to this recovery of speech she did not open her eyes, and her parents state that blood frequently flowed from between her eyelids and from her mouth, but this I never saw, although I have examined her eyes and mouth frequently, and always found the mucous membrane pale, and the conjunctiva free from congestion. During the whole of this period, since July, 1871, she

has not partaken of any solid food, but has been supported with soups and milk-puddings; therefore, this case ought not to be called one of fasting. During the past five years she has been confined to her bed, except occasionally being carried to her couch. I have always considered this extraordinary case to be one of hysteria, only requiring moral treatment and discipline to effect a cure; and I am led to this conclusion by the absence of any disease to account for her peculiar symptoms. When I saw her in June, 1871, there was no increase of temperature, either of the head or body; the pupils active, the tongue moist and clean, the stomach and bowels healthy, all the excretions normal; the pulse regular, full, slow, but weak. The catamenia commenced about two years ago, and have been (with one or two exceptions) perfectly regular and healthy. The respiration has generally been free, full and regular, although, at times, it appeared almost to cease, and was then performed very slowly. The girl now, although very pale, is not half so emaciated as would be expected, after being in bed for so long a period. The only point of interest in this case is the persistency with which she has kept up this state, there not being any inducement for her to do so, as her condition was unknown to any except those in the immediate neighborhood.

The Turpentine Treatment of Enteric Fever.

Dr. A. Moffitt writes to the *Lancet*:—The regiment of which I have medical charge arrived in India on the 18th of March, 1875, and between that time and the end of the year seventeen persons were attacked with enteric fever. Of this number five were treated in the ordinary way, and in them the disease ran a long and severe course, many complications arising during its progress, and finally proved fatal in two out of the five cases, which is about the usual mortality in this country. The remaining twelve patients were treated with turpentine, and in them the disease ran a short and mild course, with few complications; and all the symptoms, but especially the enteric, were so modified that no fears were entertained during its progress of an unfavorable termination, and the twelve patients, without an exception, made good recoveries.

The line of treatment pursued was as follows:—As soon as the disease was diagnosed, oil of turpentine in half-drachm doses, made up with mucilage of eggs, was given four times a day, and continued throughout its course; and nourishment in the liquid state, such as beef-tea, milk, chicken-broth, eggs beaten up, etc., was given freely, and a stimulant, generally brandy, was given as the symptoms indicated, but less in the cases that occurred latterly than formerly. The turpentine treatment of enteric fever was first brought to my notice by Dr. Moffitt, of Sydney, where the disease is always prevalent. As to its *modus operandi* I would not yet hazard an opinion. Dr. Moffitt claims

for it a specific action. Whatever its mode of action, if it prove as successful in the hands of others as it has done in mine and in Dr. Moffitt's practice, I have every hope it will take a place in the treatment of enteric fever similar to that taken by ipecacuanha in the treatment of dysentery, and quinine in the treatment of malarial fever. When the disease assumes a remittent character, which it will do where the patients have been subject to malarial influences, Dr. Moffitt combines it with quinine, and thinks it acts better.

Prolapse of the Umbilical Cord Treated by the Postural Method.

Mr. William Berry, M. R. C. S., England; L. R. C. P. and S., Edinburgh, gives the following cases in the *Lancet*:—

CASE 1.—I was summoned to attend Mrs. A., aged about thirty-two years (in her third labor), at 11 P. M. on the 21st of May, 1875. She was attended by a midwife, and had been in labor all the afternoon and evening. On my arrival I was informed that she had pains often and pretty severe, but "all was not right." On examination I found a coil of the umbilical cord projecting about six inches outside the vulva, the umbilical vessels pulsating vigorously, and, on further examination, found the os uteri almost fully dilated, and the head presenting in the right cranial position. On inquiry I was told that the cord had been down for two hours, having descended with the escape of the liquor amnii. I returned the cord, and replaced it as well as I could during the interval of a pain, and protected it when the pains came on; but the head made no progress, although uterine action appeared frequent and strong; the cord descended, and it was with difficulty that I was able to keep it within the vagina. I now had her placed on her elbows and knees in bed, and again replaced the cord; the pains continued pretty regular and strong, but the head made no progress toward descending. After waiting for about an hour, and as there was pulsation in the cord still, I thought I might possibly save the child by delivering her, and as it appeared that it was no use waiting, I determined to apply the forceps. I therefore had her placed in the usual obstetric position, and, with some difficulty, applied the forceps (as the head was high up, and the cord in the way). I protected the cord as well as I could with my fingers, and delivered her in a very short time of a fine male child, which was, however, still-born. I tried with frictions and artificial respiration to resuscitate it, but without avail. The placenta was easily removed. She made a rapid recovery, and was soon able to follow her household duties.

CASE 2.—I was summoned by a midwife to attend Mrs. B. (multipara), at 6.30 A. M. on the 17th of June, 1875. She informed me that the patient had been in labor all the day previous, and also through the night, but she made no progress. On examination I found the

os uteri almost fully dilated, soft and yielding, the membranes entire, and through which I could feel the head presenting, but near the posterior lip of the os I could feel something which gave a pulpy impression to the finger. I ruptured the membranes, and found with the escape of the liquor amnii, that the cord was presenting with the head, and that this was the cause of the pulpy impression. I now tried to replace the cord, but with each pain it descended. I next had the patient, as in the former case, placed on her elbows and knees in bed. During the interval of a pain I replaced the cord, and held it when the pains came on. These were, however, feeble, so that a drachm of liquid extract of ergot was administered, and repeated in half an hour. The pains now increased in frequency and strength, and the head entered the cavity of the pelvis in the fourth cranial position. As the head descended and filled up the cavity of the pelvis, I held up the cord, and protected it with my fingers; eventually, as the head approached the outlet, I hooked the cord over the occiput, and then allowed the patient to resume the usual position on the left side, when, with a few more pains, the head was expelled, the face toward the symphysis pubis; the body followed afterward, and she was delivered about 7.45 A. M. of a fine female child, in a state of asphyxiation, but with artificial respiration, frictions, cold and warm douches, it readily recovered. The placenta was easily removed, and I found that the cord was of unusual length, measuring at least thirty-six inches. It was inserted into the edge of the placenta, giving it a battledore appearance. Mother and child did well.

The Opium Treatment of Delirium Tremens.

In the *British Medical Journal*, Surgeon Edward Nicholson writes:—

At the outset of my military life I adopted, for the cases of delirium tremens so common among soldiers, the morphine treatment recommended by Prof. Roser, of Marburg. He pointed out that patients are lost by timidity in not prescribing opium in sufficiently large doses, under fear of poisoning; he advised energetic doses of morphine, commencing with one or two grains, and giving one grain hourly until deep narcotization occurs. I cannot say exactly how many cases I have treated on this plan, but I may say roughly about fifty, and have always found it safe, quick, and attended with the minimum of trouble. I have had but two fatal cases of alcohol-poisoning: one was alcoholic apoplexy in a man detained under suspicion of approaching delirium tremens; the other was a man who, having been successfully treated twice within a few weeks, had a third attack of delirium tremens, was brought to hospital in an insensible state, and died in a few minutes after I saw him. Neither of these cases had any narcotic treatment.

In a case of evident delirium tremens I give at once two grains of morphine; in violent cases

as much as three grains: this is repeated after two hours if no effect is apparent. A third dose, making a total of eight grains within four hours, has sometimes been required. The patient generally falls to sleep after the second dose, and awakes cured. Sometimes a further small dose (one grain) may be required, but the patient is reasonable, and all trouble at an end.

After quoting some cases in point, he adds:—

These cases show that the danger is precisely in these ordinary doses of opium, and that the beneficial effects are obtained by giving at once such a dose as would endanger the life of a healthy person, and repeating it rapidly until sleep is produced. I may recall Orfila's opinion that "opium employed in strong doses ought not to be ranked among the narcotics or the stimulants; it exercises a peculiar mode of action which cannot be designated by any of the terms at this moment employed in the materia medica." Of course this is meant as applying to the diseased, not to the healthy, state. An analogous difference of action is to be seen in the case of ipecacuanha when given in high doses as a remedy for dysentery, or even better in the use of the tincture of digitalis in half-ounce doses against delirium tremens. The digitalis treatment has one advantage—that the remedy is nearly invariably used in the full doses recommended at the time of its discovery: hence its general success. While the morphine treatment, which is, when properly conducted, the safer of the two, is apt to be discredited, in consequence of the substitution for it, by the timid, of the dangerous system of trifling with small or ordinary doses. The digitalis treatment is far more likely to be carried out, and there is little fear of ten or twenty drops being substituted for the proper half-ounce dose. It is to this very plain treatment that I might, perhaps, ascribe the diminished fatality of delirium tremens in the army.

On the Treatment of Pleuritic Effusion by Operation.

In the last volume of the Charity Hospital (Berlin) Reports, Dr. Ewald contributes a valuable paper on this subject, founded on the results of all the cases treated in the Berlin University Klinik during the last fifteen years. The following are the conclusions at which he arrives:—1. Serous effusions should never be evacuated before the third week, unless there be imminent danger to life (*nur bei indicatio vitalis*). If during the first three weeks no absorption occur, then tapping in the third or fourth week gives the best results. 2. If the tapping be so performed that no entrance of air is allowed, and if the instruments are previously disinfected, serous effusion never becomes purulent. 3. In every case it should be previously determined, by puncture with a grooved needle (*durch probepunction*), whether the effusion is serous or purulent. 4. In cases of purulent effusion the fluid should be evacu-

ated as soon as possible by incision, not by puncture. 5. Cases of purulent effusion evacuated by incision in the present condition of treatment prove fatal in from fifty to sixty per cent. of those affected. 6. Bloody effusion (*i. e.*, cases where the effusion is from first to last bloody—not where it is at first serous, and becomes bloody toward the end of the operation by rupture of vessels in the pleura *ex vacuo*) invariably indicates malignant disease of the pleura. 7. Serous effusion, however, does not exclude the presence of tuberculosis or cancer of the pleura.

Cases of Leukæmia.

At the Clinical Society of London, recently, Dr. Moxon read a paper on two cases of leukæmia. The first case was that of a man, a cook, aged 45, who, in December, 1874, fell ill with pain in the right hypochondrium; this was succeeded, in about a month, by jaundice, which remained until his death, in November 1875; the stools, however, always containing bile until the last two weeks. In May, it was noticed that his blood showed an excess of white corpuscles, about 150 in the quarter inch microscopic field. Phosphorus in $\frac{1}{2}$ -grain doses, as *ol. phosph.* in mucilage, etc., was taken from May until September, thrice daily. Meantime there was no change in the proportion of white corpuscles. The liver had grown larger, and a double tumor appeared on its lower edge. During the summer and early autumn, the man did half-work at his calling, until November 3d, when he presented himself, severely ill, collapsed, and was admitted again into Guy's, where a peritoneal fremitus developed itself over the liver. He suffered from pain and vomiting, and the jaundice deepened; bile left his motions. He gradually sank then, and died November 16th. Before his death, Mr. Golding Bird examined the blood on the warm stage, and found that the white corpuscles, in great excess as they were, nevertheless all showed amoeboid movements, like normal white corpuscles. At the inspection, Dr. Goodhart found a cancerous tumor about the bile-duct, at and around its entrance into the duodenum, which obstructed it. The gall-bladder and bile-ducts were immensely distended, and there was a suppurating cyst just outside the gall-bladder, exactly like the cysts found under similar circumstances outside the urinary bladder. A semi-recent hemorrhage was found to have occurred into the biliary passages, so that a cylinder of blood-clot stopped up the lower end of the dilated bile-duct. The spleen weighed only nineteen ounces. There were hemorrhagic spots in it, and it showed the usual simply hypertrophic characters of leukæmic spleen. The lymphatic glands were not at all enlarged. Dr. Goodhart found the marrow of the ribs to be loaded with white-blood cell-like corpuscles.

The second case was that of a cheesemonger,

aged 38, a pale short man, of boyish appearance, who, in July 1875, began to complain of weakness, which was increased by a shock in a collision of vehicles, in which, however, he did not suffer any bodily injury. His complaint was of languor, loss of appetite, and pains in the loins and testes, "drawing up" the latter. In early September, the blood was found to be loaded with great excess of white corpuscles; and then phosphorus, in $\frac{1}{2}$ -grain doses, in mucilage, etc. (as *ol. phosph.*) was given thrice daily for a month. During this time the patient grew worse, and at the end of it showed alarming symptoms. The white corpuscles were now estimated at one to every two of the red; vision was dim, and bleeding occurred from the gums, nose, and kidneys. The spleen was just palpable below the ribs; a loud anæmic murmur was heard over the base of the heart. On October 25th he had an attack of apoplexy, of which he died. On inspection the heart was found healthy; the blood leukæmic. The spleen weighed twelve ounces, and was simply hypertrophied. There was an apoplectic clot of about two ounces weight under the convolutions of the right vertex. Microscopic examination of the tissues showed an excess of white corpuscles in the lymphatic spaces, but the lymphatic glands were not all enlarged.

Rheumatic Cardialgia.

The following interesting case, of a woman of 23 years, is given by Dr. J. W. Martin, in the *Medical Press and Circular*:—

Previous to her twenty-first year she had always enjoyed good health. About that time she first felt a pain in the region of the heart, for which she was unable to assign any special cause. This pain was always worst during the menstrual periods. In the autumn of 1873 she had a slight but decided attack of rheumatism, or at least pain and swelling, in several of her joints. The left arm was most affected. For some days before coming under my notice she felt the pain about the heart getting much worse, extending over the whole of the sternal region, and under the left mamma. This increase of pain was accompanied by tenderness to pressure. Any form of exertion, such as stooping, lifting weights, and especially running up stairs, induced very severe dyspnoea and palpitation. She felt greatly inconvenienced after meals, owing to their giving rise to a sense of oppression about the heart. She slept well, lying best on her right side. Area of heart dullness much enlarged; it extended four and a half inches in the vertical direction, from the upper border of the fourth rib, left side, and from the right border of the sternum, at the articulation of the fifth rib, over toward the left side, to a point two inches external to the nipple line of the left breast. Heart's action excited, accompanied by *frémissement*; rhythm normal; impulse weakened and diffused. Normal sounds of the heart very indistinct at the apex, better

at the base. First sound distant, prolonged, and roughened; second sound short, sharp, and accentuated. A well-marked friction murmur heard over the whole surface of the heart, slightly preceding and accompanying the impulse. This murmur was double at the apex. From its superficial character and general diffusion I believed it to be caused by pericardiac friction. I was unable to detect any symptoms of endocardial affection. Pulse 100, weak and compressible. Both lungs healthy. Tongue clean; appetite good; bowels regular; quite regular as to her monthly health. Urine free from albumen or sugar. As treatment, I applied a blister over the heart, and ordered:

R. Potass. iodidi,	3j	
Tr. digitalis,	3ijss	
Sp. amm. aromat.,	3ij	
Syrupi,	3j	
Aque ad.,	3viij.	M.

Two tablespoonfuls to be taken three times a day.

December 13. Blister gave immediate relief. The mixture was taken steadily since her first visit. Patient much improved. Pain almost gone. Heart's action stronger and steadier. Area of dullness diminished by one-third. The character of the friction murmur unchanged. Able to run up and down stairs with ease, the exertion not being followed by dyspnoea or palpitation. Free from all sense of lassitude, from which she suffered continually when she first came under my care. Treatment continued.

19. General health and spirits excellent. Free from all pain and distress about the heart. Area of dullness remains somewhat greater than normal, measuring two and a half inches in diameter. Heart's action and impulse exaggerated. Friction murmur unchanged. Treatment continued.

April 13. No change in the state of the heart. General health all that could be desired. Treatment stopped.

26. A slight return of pain felt in the region of the heart, otherwise feeling very strong and well. Patient thought she had caught fresh cold. Resumed treatment.

The woman having left her situation, and not again coming under my observation, I have no further notes of her case.

The Diagnosis of Empyema.

The *Medical Times and Gazette* states that a new method of distinguishing between different kinds of pleuritic effusions has lately been brought forward by Professor Guido Baccelli, of Rome, and promises to be a real addition to our diagnostic aids. We have hitherto been able to say whether there was fluid in the pleura or not, but the question of its serous or purulent nature has had to be answered by reference to a number of collateral circumstances, none of which by itself was conclusive, and which, as Professor Baccelli points out, may even fail collectively. We have decided

that there was an empyema present when an effusion has remained long unabsorbed, while at the same time the fever kept up, and the patient gradually lost flesh and strength, and perhaps suffered from oedema of the extremities. By the new method, which is quite simple, we are at once able to determine whether the exudation is serous or purulent. It is founded on a physical law—namely, that the vibrations of sound in liquids are transmitted *inversely* to their density. In a serous fluid, therefore, the sound passes more readily than in a purulent; and it is found that, whereas the whispered voice can be heard clearly, accompanied with bronchial expiration, at the base of a *serous* effusion, the spoken voice is not transmitted nor bronchial breathing heard over a purulent exudation. To use the method accurately, two conditions must be complied with: (1.) The ear of the auscultator which is not applied to the chest must be withdrawn from all external sounds by closure with the finger, and the ear must be firmly pressed naked against the chest, unassisted by a stethoscope. (2.) The patient must be placed in such a position that when he speaks the bundle of oral vibrations shall issue in a direction diametrically opposite to the ear of the listener. This condition is attained, supposing that the right lung is being auscultated behind, "by turning the patient's head so much to the left that, by drawing an imaginary line from his mouth to the point in the thorax where the ear is applied (on the posterior paraxillary line), it passes diagonally downward through the centre of the effusion." Besides distinguishing between a simple serous effusion and a purulent effusion, this method enables the existence of a mixed effusion to be detected—i. e., of a serous exudation, in which flakes of fibrine and a moderate amount of leucocytes are contained—since the latter, by their subsidence to the lower part of the thorax, prevent the passage of the whispered voice over the area which they occupy.

Removal of Foreign Bodies from the Ear.

Mr. W. Rivington says, in the *British Medical Journal*:—

From the time of my first connection with the Aural Department at the London Hospital, I have used no other means of extraction of foreign bodies than the syringe, aided occasionally by chloroform, the dependent position of the organ, and the use of a small pair of curved forceps as soon as the substances appeared near the external end of the meatus; and I have never failed in procuring their ejection. Various kinds of foreign bodies, including peas, beans, pebbles, glass-beads, and pins, etc., have been removed in this way, and on several occasions after previous efforts by the same method or other methods had been unrewarded by success. It is the custom, I know, to make use of special forms of extractors, and instrument-makers vend a rude imple-

ment with a bent steel eye, which finds its way into cases of instruments fitted up for the receiving-rooms at hospitals. From the incautious use of such a weapon, I have seen irreparable damage done to the membrana tympani, combined with displacement of the malleus and incus, and I cannot but think that it should be banished from the surgical armamentarium.

To sum up, the procedure in cases of foreign body in the ear should be as follows:—

1. Examine the ear carefully by direct light and with a speculum and mirror, to determine the presence, position, size, nature, and peculiarities of the substance.

2. If the patient be a child, and refractory or timid, place him on a couch, give ether or chloroform, and use the syringe, turning the affected ear downward. This manoeuvre may be aided, as Mr. Field suggests, by drawing the auricle upward and backward, and applying the nozzle of the syringe to the upper wall of the passage.

3. If the foreign substance do not fall out, as it usually does, after a little patience, but stops near the orifice of the meatus, a fine pair of forceps may be used to withdraw it.

4. A needle or a pin, or other elongated body which does not fill the passage, may be readily taken out with forceps through the speculum, or by the aid of a direct light.

The Skin and Bodily Temperature.

The following conclusions are given by Dr. Winternitz on the importance of the cutaneous function with regard to the heat of the body. His paper is given in Stricher's *Jahrbücher*.

1. The increase and diminution of loss of heat from the skin can be stated approximately in figures.

2. Experiments show that the giving off of heat may vary more than 60° downward, and more than 92° upward.

3. Such a variation in loss of heat can compensate variations in the production of heat three times the normal amount.

4. The discoverable variations in the loss of heat suffice to explain the constancy of temperature, so far as it exists under the usual cooling and warming influences.

5. The diminution in the loss of heat, consequently its retention, after previous loss, even if the production remain constant, is sufficient to replace in a short time the loss of temperature.

6. A diminution in the loss of heat alone can in many cases explain a febrile rise of temperature.

7. The possible increased loss of heat of more than 92° explains the frequently observed rapid disappearance of fever.

8. There is, consequently, no doubt that one of the most important factors in the regulation of temperature is to be found in the function of the skin.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—Veratrum as an Antidote to Opium. By J. S. Todd, M. D., Atlanta. Journals are just now teeming with experimental demonstrations on the antagonism between opium and belladonna, veratrum, stramonium, etc. This essay is another assertion of the persuasive power of veratrum over opium. Dr. Todd was led to employ veratrum in this kind of poisoning from its analogy to belladonna. The five trials certainly justify some confidence in the veratrum, though they fail to impress us with its antidotal potency. It is not fair to compliment any agent as a specific until its contact with its opposite is measured directly and independently of other influences.

—"Aphonia, its Cause and Treatment. By William Porter, M. D., St. Louis. This admirable monograph groups the three conditions of aphonia as (1) insufficiency of air in the larynx, (2) structural changes in the cords, (3) destruction or paralysis of the laryngeal muscles. The treatment advocated comprises the latest novelties. Inhalation, electricity and cauterization are the principal measures for relief. The essay is the ablest discussion on aphonia we have ever reviewed. The literary execution is unusually chaste, and suggests a most thorough acquaintance of the author with the disease.

—"Transactions of the Minnesota State Medical Society, 1875." The annual Essay, by Dr. Stinchfield, treats of the influences of the emotions on nutrition and the other processes of life, and is very entertaining. A successful case of ovariectomy is reported, and an account of a vesico-vaginal fistula, on which five operations failed a cure. Reports of Committees on Necrology and Nervous Diseases, complete the Transactions.

—"Curability of Inflammation." By Dr. Dugas. It is very difficult to feel the force of the argument, or to imagine why such a question is raised. The author uses the word "curable," as really meaning, we suppose, *cut short*. Tinct. iodine is eulogized as the "born enemy" of local inflammation.

BOOK NOTICES.

Insanity in its Medico-Legal Relations. By A. C.

Cowperthwait, A. M., M. D. Philadelphia, 1876.

Every alienist now-a-days fancies his mission is to wait upon our legislators, and dissent from their dicta of mental responsibility for crime. The author conceives a calling in this line, and wrestles with Dame Justice for a sob for that class whose freaks are the children of diseased reason. This specialist has not discovered precisely what is the degree of brain-lesion that dethrones moral obligation. This, of course, cannot be answered, as medical science has never yet probed the relation. Dr. C. ought not to be surprised, then, that law declines to measure accurately the accountability of those assumed insane. Our courts sadly err when they compromise with their doubts by punishing the crazy as they deal with other delinquents. Restraint, for this class, is the severest penalty, and satisfies the protection of society. The writer does not buy largely of *asylum stock*, but believes rather in "open air treatment" and "association with healthy minds." Our retreats, it seems to us, consult the liberty and social comfort of their patients as much as these infirmaries recommended. Dr. C. is of the opinion confirmed lunatics need no medicine. The aim of the writer is, to furnish to the average practitioner some criteria by which he may judge of the mental soundness of his patient and be enabled to defend his position in court. Some "rules for experts" are arranged as bits of advice. The pathology of Maudsley is the basis of the author's conceptions of the workings of the disease, and the several phases of insanity are classified after Hammond's division of the elementary forces of the mind. This arrangement is explained and amplified for the benefit of the untutored in diseased metaphysics. The chapter on diagnosis contains no new nor unfamiliar laws. The profession will find the work a convenient resumé of the recent literature on this subject, and a commendable exposé of the axioms that dictate the law's disposal of the insane.

Climate in its Sanitary Relations to Medicine.

By A. S. Baldwin, M. D., President of the Florida Medical Association. 1876.

This annual address is a bid for the invalid. The special exemption from atmospheric commotions which this clime enjoys is the "opening

load." A northern physician is next flayed, because the "shakes" bothered him so, while touring in Florida, that he resolved on scaring others from a peep at the place. Our author talks to his brethren about the imperfect drainage, but we presume his anxiety for northern patients next winter will push him to measures for correcting so unwholesome disturbances as swamps by that season. Evidently our southern friend thinks that pure air is only served up in Florida, and the same of water. The productions of the soil are so varied as to please or respond to the palatal caprices of all. The author detects nothing unfavorable about his State but a few habits that are unfashionable. Our "patent medicine" vender and his wares levy too much on the purses of his neighbors.

The error of the pamphlet is the unmitigated conceit of the writer about the advantages of his home. Let us whisper to him that Minnesota has a climate that is dry and equable, and that answers all the conditions of relief for the consumptive. There, in addition, the invalid can tarry year in and out, which is impossible in semi-tropic sections. This address smacks too much of a speculator, or an advertising medium for a hotel.

Treatment of the Scrofulides. By Henry P. Giffard, A. M., M. D. Macmillan & Co., 1876.

This paper respects the management of the varieties of lupus. The classification of the disease by Hardy is adopted, and five lines of this scrofulous ulceration described. Internal medication is made subordinate to topical measures. Escharotics are advised for all these varieties, and a few, as glacial acetic acid, needles of fused nitrate of silver, specially preferred. The author is an able master of his speciality, and his contributions are eminently scientific. The typographical outfit is very attractive.

Territory of Wyoming: Its History, Soil, Climate, etc.

This report, published by authority of the Board of Immigration, is a statement of the resources of the Territory, and its inducements to the West-inclined adventurer. Like every new-fledged offspring, Wyoming's valleys are the most charming and promising. Female suffrage is here a fact, and those on East whose struggles with Uncle Sam for "rights" have well nigh sapped their ardor, can find in this far Canaan sweet franchise and—warm lovers.

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THE INTERNATIONAL MEDICAL CONGRESS,
1876.

Last week we published the programme of the International Medical Congress, which is to be held in Philadelphia in September next, from the fourth to the ninth of the month. In our position as one of the American Corresponding Secretaries of the Commission, we have received a number of inquiries as to the aim of the Congress, the replies to which will, we trust, have such general interest to the profession that we may give them in general terms in this place.

To some, the appropriate objects of an International Congress are not apparent. To set them forth, we may recur to the origin of these assemblies. The first was held in Paris in 1867, in the summer of the Exposition. Its purposes were stated to be, first, the consideration of questions in which, necessarily, the medical men of several nations must come to an agreement, as those relating to quarantine, to

the organization of ambulance service, the opposition to epidemics, the adoption of common standards of weights and measures, of a uniform method of writing prescriptions, of a universal pharmacopœia, and such like; secondly, the increase of information on questions of local extent, but which arise in every community, and to the solution of which repeated and extended observations are requisite: for example, the utilization of sewage, the medical control of prostitution, the prevention of syphilis, the position of the insane before the law, the methods of hospital construction, the effect of civilization on various morbid processes, and similar ones; thirdly, to stimulate the general advance of science, and soften the asperities of controversy by opening a wide arena for the discussion of facts under the harmonizing influence of social and personal intercourse.

The inception of the plan at Paris was so satisfactory, that the Congress has met at Florence, Vienna, and Brussels. The sessions passed off pleasantly, and the *Proceedings* prove that a great deal of solid work was done at and in view of the meetings. The volume published after the last-mentioned meeting makes a portly octavo of six hundred or seven hundred pages. The practical results have been visible in several most important victories for modern medicine. If we have been correctly informed, the advance of the cholera has been checked in two seasons by the provisions recommended at these Congresses, and carried out by the medical authorities of the governments of Eastern Europe. The long and intricate discussions regarding quarantine have led to the general recognition of the uselessness of many of the distressing features which it has presented in the Mediterranean ports until very recent days. Personal association between leaders of opposing schools has begotten feelings of respect and tolerance where heretofore unseemly bitterness has marked the war of ideas.

These are real and admirable fruits, which

cannot be cultivated too assiduously. They will abound in the future more than in the past, if we give them our attention.

In the Congress which will meet in this city next autumn, similar aims are proposed. Eminent members of the profession in all its branches have already agreed to be present. Many not yet heard from are confidently expected. While of the distinguished scientists in our home ranks, few, we predict, will willingly absent themselves.

The Congress will have daily general meetings, probably, in the new spacious buildings of the University of Pennsylvania, in West Philadelphia, not far from the Centennial Grounds. It will be subdivided into sections, in each of which topics of discussion will be opened by appointed speakers, whose time will be limited to about half an hour. They will be requested to sum up at the close of their paper the views embodied in it, in the form of separate conclusions or propositions, which will then be discussed by the members of the section, voted upon, and afterward reported to the Congress. Volunteer papers, in addition to those mentioned in the programme, will be allowed space in the appropriate sections; but, to secure their appearance, their titles and a brief statement of their purport should be sent in to the Committee of Arrangements before the close of May.

There are many advantages in having the session of the International Congress fixed at a different date from that of the State or American Medical Association, both of which also meet here this summer. The International is a wholly different organization, differently composed, and of other scope, and its distinctive characters should be presented by themselves. No doubt all these societies will be well attended, and many would prefer to divide the labor of preparing for them into several months. Then, also, the members of the profession resident in Philadelphia will be furnished ample opportunities to display their hospitality.

NOTES AND COMMENTS.

Female Medical Education.

This is a matter growing yearly in importance in Europe and this country. The aspirants are still met by vigorous opposition. Witness these words in the last number of the *Lancet*:—"If those women who are seeking, at an extravagant cost of time and money, to enter the medical profession, were content to work in the only department of medical practice which is properly open to them—namely, as midwives and nurses—no objections could fairly be raised, provided they always practiced under the supervision of qualified medical practitioners. But this is a very different affair from what the female medical students in London are striving after. Their ambition is to be placed upon the Medical Register, and then please themselves what branches of medical practice they shall engage in. But this is exactly the matter in dispute between them and those who differ from them."

If the *Lancet* is right in its opinion that midwifery is the only department of medical practice suitable to women, it will be the only one they will ultimately possess themselves of; but give them the chance to assure themselves of it!

The Prevention of Scarletina.

In the *Practitioner*, Dr. William Squire, after detailing the features of scarlet fever, proceeds:

An important practical deduction from these facts, which, if acted upon, would soon reduce the spread of scarlet fever to a minimum, and relieve our healthy sea-side towns from one of their greatest risks, is, do not seek change of air too soon for scarlet fever convalescents: they are better in their rooms for the first three weeks; they are not only safer in their homes for the next three weeks after that, but they gain strength just as fast, often faster, than if they had been sent off for change of air, to the danger of the conveyances used; to the danger of the lodgings they go to; and to the danger of all with whom they come in contact. This is of special importance in the management of schools. Much may be done by domestic management in keeping convalescents not only from school, but from play, theatres, parties, and fêtes, until reasonable fear of infection is over. School managers have a duty to protect their schools; they should have power, so as to

be able to exclude from school those known to be likely to bring infection with them. It need not be difficult to obtain a written statement of the illness a child is absent for; then let it be incumbent on the manager not to receive that child for six weeks, at least, from an attack of scarlet fever.

Chilblains.

The editor of the *Canada Medical Record* says:—When chilblains manifest themselves, the best remedy, not only for preventing them ulcerating, but overcoming the tingling, itching pain, and stimulating the circulation of the part to healthy action, is the liniment of belladonna (two drachms), the liniment of aconite (one drachm), carbolic acid (ten drops), collodion flexile (one ounce), painted with a camel's-hair pencil over their surface. When the chilblains vesiculate, ulcerate, or slough, it is better to omit the aconite, and apply the other components of the liniment without it. The collodion flexile forms a coating or protecting film, which excludes the air, whilst the sedative liniments allay the irritation, generally of no trivial nature. For chapped hands, we advise the free use of glycerine and good olive oil, in the proportion of two parts of the former to four of the latter; after this has been well rubbed into the hands and allowed to remain for a little time, and the hands subsequently washed with Castile soap and tepid water, we recommend the belladonna and collodion flexile to be painted, and the protective film allowed to permanently remain.

The Effect of Cold on Milk.

The *Lancet* says that the effects of a low temperature on milk have been carefully examined by M. Eug. Tisseraud, who recently communicated his observations to the Académie des Sciences. He found that, if cows' milk is immediately, or soon after being drawn, placed in vessels at various temperatures between freezing-point and 90° Fahr., and the initial temperature is maintained for twenty-four or thirty-six hours, it will be found that the nearer the temperature of the milk is to freezing-point the more rapid is the collection of cream, the more considerable is the quantity of cream, the amount of butter is greater, and the skimmed milk, the butter, and the cheese are of better quality. These facts, he believes, may be explained by Pasteur's observations on fer-

ments and their effect on the media in which they live. It is probable that the refrigeration arrests the evolution of the living organisms which set up fermentation, and hinders the changes which are due to their growth.

The value of the old-fashioned "spring-house" is thus explained.

Cremation in Europe.

Our European exchanges state that in the cemetery at Milan there is a special erection for burning bodies. In Germany the cremationists have decided to hold an annual meeting at Gotha, where an official sanction by the Government has been given to this system for the disposition of the dead. In Paris a new society has recently been announced, named "The General Association for the Study and Practice of Cremation." The presidency of it has been offered to Victor Hugo.

Meanwhile, the Hygiene Commission of Paris, in its report on cremation, states that, while the practice would offer many advantages, a great, if not insuperable, objection to it would be found in the impossibility, in the event of its adoption, of detecting certain crimes, thus rendering a necropsy imperative in all cases of death.

Native Alcohol.

It is a remarkable fact, that, according to Dr. Gutziet, ethyl alcohol is present in the unchanged sap of the fruit of certain umbellifers, the cow parsnip (*Heracleum giganteum*) and the common parsnip (*Pastinaca sativa*) being good examples. It is, however, possible that the combinations detected may have been present as ethers and been decomposed by distillation.

To Check Epistaxis.

Dr. J. Gardner writes to the *British Medical Journal*:—

"Last year, an old gentleman under my care, between seventy and eighty years of age, who had periodical attacks of bleeding from the nostrils, which had generally been stopped by plugging, was becoming exhausted from the loss of blood; and, the usual application not succeeding, I mixed equal parts of the tincture of sesquichloride of iron and water, about two drachms of each, and injected it up the nostrils with a glass syringe. This immediately stopped the bleeding. The bleeding, however, should

not, I think, be checked too soon, as in most instances it is a provision of nature to relieve the vessels of the head. I have found, also, syringing with a glass syringe of great benefit in throat affections, where there is difficulty in using a gargle, especially in children."

Cosmoline.

This preparation is one of the distillations from petroleum. It is semi-solid, with an unctuous feel, and might readily be mistaken for one of the thinner animal oils. It has the important property of never turning rancid under any conditions of heat or moisture. It is, in fact, strongly antiseptic, and hence is admirably adapted to many skin diseases, preventing pruritus, protecting from the air, and opposing morbid action. For burns, scalds, bites of insects, erythema solare, and similar affections, it is an admirable application. We make a rule to keep a bottle of it constantly at hand.

CORRESPONDENCE.

Antiseptic Surgery Briefly Reviewed.

ED. MED. AND SURG. REPORTER:—

In 1863, Dr. Watson, of Edinburgh, Scotland, proved, by a series of experiments, that carbolic acid is an antiseptic. He was probably the first to use oiled silk as an antiseptic covering. In the same year, Mr. Turner, of Manchester, England, described his use of the drug in cases of putrid discharges from the mouth, throat, nostrils, ears, rectum and vagina. In 1865 Mr. Lister, then in Glasgow, commenced a series of experiments in cases of compound fracture, thoroughly washing out the wounds with a strong solution of the acid, and afterward covering them with a small quantity of lint saturated with "carbolic oil." Next to this he applied a piece of "oiled paper," "tin-foil," or "sheet-lead," much larger than the wound, as a "protective." The latter he considered the best, because it adapts itself more readily to the surrounding parts. It retains the vapor of the acid, it excludes the atmosphere, and at the same time it allows the fluids to escape. By these means, and others which we propose to mention, he claimed that compound fractures could be converted into simple ones, that in many cases a scab would form, and that the healing process would go on without redness, swelling or pain.

Mr. Lister, as he has frequently stated, was led to this method of treatment by the experiments of Pasteur and others, who proved that "spores of minute vegetations, or infusoria," abound in the atmosphere, especially "in cities, and under shade-trees." In the *Lancet* of No-

vember 30th, 1867, he states: "Admitting, then, the germ theory, and proceeding in accordance with it, we must, when dealing with any case, destroy, in the first instance, once for all, any septic organisms which may exist within the part concerned; and after this has been done, our efforts must be directed to the prevention of the entrance of others into it." This is just what is done on a large scale by the American people in the canning of fruits and vegetables. We destroy the "ferments" by the use of heat, and exclude the atmosphere which contains them.

The preparations used by Mr. Lister, said Professor Syme in 1869, "may be denominated carbolic oil, carbolic lotion, and carbolic paste. The composition of the first is carbolic acid and linseed or other fixed oil, in the proportion of one to five; that of the second, carbolic acid and water, in the proportion of one to thirty; and that of the third, carbolic oil and whiting, in the proportion requisite for the consistence of soft putty." The strength of these several preparations may, of course, vary; and prepared chalk may be substituted instead of the whiting. The latter is the "Listersche paste" so much used in Vienna in the treatment of indolent ulcers.

In cases of extensive laceration, Mr. Lister, instead of the "sheet-lead," applied, as a permanent dressing, a "rag," or piece of cheap calico, steeped in the oil, and next to this a layer of the paste, rolled out between two pieces of the same material, large enough to surround the entire limb. Of this outer covering he says: "I cannot too strongly urge upon you the importance of having the plaster extend freely beyond the wound at every part, so that the discharge may have to travel a considerable distance beneath the *impermeable antiseptic layer* before reaching the source of mischief externally."

About this time, Mr. Lund, of Manchester, England, brought into notice a substitute for the "lac plaster" of Prof. Lister, which he called "antiseptic cere-cloth." In the *British Medical Journal* of September 4th, 1869, he says: "It possesses this double property, that, when placed over a wound, ulcer, or the opening of an abscess, it not only serves to exclude the air as an impervious dressing to the part, but it constantly emits from its surface the vapor of carbolic acid, as it is disengaged by the heat of the body, and so forms an antiseptic atmosphere around the wound."

Mr. Lister also experimented with this kind of covering, using in some cases a finer and in other cases a coarser material; but he has always used the "protective" or first covering, upon which he mainly depends for the exclusion of the spores in the atmosphere. It was this style of dressing, including the "antiseptic veil," "antiseptic rollers," gutta-percha cloth, and adhesive straps, that he was using in 1870, when I had the pleasure of visiting his wards. Afterward he experimented with oakum, and more recently with what he has termed "antiseptic

tie gauze," which is nothing else than the cheapest calico treated with resin, paraffine, and carbolic acid. Of this latter covering he states, in the *Lancet* of March 13th, 1875: "Under ordinary circumstances, we still use the gauze, in eight layers, with a sheet of some trustworthy impermeable tissue placed beneath the outermost layer, to prevent the discharge from soaking directly through the dressing." This trustworthy impermeable tissue, which Dr. Levis, in a late communication on this subject, does not say anything about, is known in the shops as "hot lining or mackintosh." It not only retains the vapor of the carbolic acid, but it prevents the entrance of septic germs from without, and, possibly, also the gases of the atmosphere.

With all due respect to Dr. Levis and his ideas of "carbolic spray," we would state that we are not unwilling to believe, with Prof. Lister, that the spray is a germ-destroying agent, and that it does, in some measure, prevent the contact of the atmosphere, just as water or oil poured upon any surface excludes the air.

If this brief review of antiseptic surgery should not atone for the "confusion" produced in the minds of some of the readers of the *REPORTER* by a former communication, it may, perhaps, induce some of those who have charge of our hospitals to give to the profession their methods of using antiseptics. Until this is done, we propose to follow Professor Lister.

Carlisle, Pa.

R. L. SIBBET, M. D.

The Use of the Word "Nature."

ED. MED. AND SURG. REPORTER:—

I have, by chance, just seen your number of November 27th, 1875, containing an editorial "On the Use of the Word Nature in Medicine." Although some time has elapsed, perhaps it may not be too late, while I am sure you will courteously give me space to offer a few remarks in reply to the strictures, made in that editorial upon a paper of mine, published in the *Canada Medical Record*, on "Nature's Power to Heal."

I have been thinking in what way, supposing your objections to the use of the word "nature" to be based on solid ground, I could have brought out the practical points contained in my essay, had I discarded the word "nature," and, I must confess, I do not see how I could have succeeded, any more than I can conceive in what way I, or any one else, could write a treatise on the science of medicine without using the term "disease." Doubtless the word "nature" occurs more frequently than is necessary; but the object of a paper ought, in fairness, to be taken into consideration when pronouncing an opinion upon it, in whole or in part. The object of the paper was to show that, by natural processes (I do not see any way of expressing my meaning without employing the word "natural"), healing will take place independently of human aid, and, to my mind, it was essential to personify these natural

operations in contra-distinction to the efforts of the physician. I might have said that every tissue of the body possesses innate power to heal itself to a certain extent, or to destroy itself, according to whatever is about to come to pass, if not interfered with; but I think, with the majority of medical readers and thinkers, such an expression would be something worse than disagreeable.

However, I am fully open to conviction—always a student—and I should much like to learn what is to be the substitute for the word "nature" in medical literature, as indicating certain processes manifested to the medical man. As applied to the universe, or even to the vast domain of animated beings around us, the word "nature" may, according to Mill, have been used to express "many and discrepant meanings;" but in connection with the science of medicine, I have yet to learn that any one misapprehends the meaning of the term, or associates with it the idea of entity, any more than he regards the word "disease" as implying entity, which he has to encounter in the system and overcome with weapons.

I cannot agree with the statement that the use of the word "nature" as a metaphor, assumes an entity, and I would much like to know how one may concisely and clearly describe certain processes without employing the words "nature" and "natural." Respectfully,

WM. CANNIFF, M. D., M. R. C. S., Eng.,
Surgeon to the Toronto General Hospital.
Toronto, March 30th, 1876.

(If Dr. Canniff will peruse the essay by John Stuart Mill on the use of the words "nature" and "natural," and that by De Candolle, in his work entitled *La Science*, on the same subject, he will see expressed at length the material objections to the use of those words in the senses he employed them.—*EDITOR REPORTER*).

NEWS AND MISCELLANY.

Medical Society of the State of Pennsylvania.

The Twenty-second Annual Session will be held in the city of Philadelphia on Wednesday, May 31st, 1876, at 3 P. M. The appointments are:—To prepare—The Address in Surgery, Dr. D. Hayes Agnew, Philadelphia. The Address in Obstetrics, Dr. R. Davis, Wilkesbarre. The Address in Medicine, Dr. James Aitken Meigs, Philadelphia. The Address in Hygiene, Dr. Benjamin Lee, Philadelphia. The Address in Mental Disorders, Dr. John Curwen, Harrisburg. The Secretaries of County Medical Societies are earnestly requested to forward at once their lists of *Officers and Members*, with the *Post office address of each member*.

WM. B. ATKINSON, M. D.,
Permanent Secretary,
1400 Pine Street, Philadelphia.

Hospitalities to Physicians.

The Press, of this city, justly says:—

"The organization of the physicians to accommodate the physicians of Europe and America is as perfect as the organizations of the press to accommodate distant editors and reporters. The various congresses that will be held during the Exhibition—scientific, literary, and religious—will all be governed by the same rules. So, if all else fails, the inner life of Philadelphia will stand acquitted, even by those who seem to have no higher mission than that of detraction and misrepresentation."

Personal.

—We are pained to see it stated that the House Committee on Invalid Pensions has come across evidence of frauds in connection with the administration of the Pension Bureau, which were perpetrated as long ago as 1869-71, when Dr. Henry Van Aernam held the position of Commissioner of Pensions. We trust the Doctor will be able to prove an absence of complicity in them.

—Dr. John H. Roberts, educated at Lincoln University, in Chester county, Pa., and a recent graduate of the Medical Department of Howard University, Washington, D. C., sailed on Tuesday last in the bark Jasper, from New York, for Monrovia, Liberia. Dr. Roberts was born in Liberia, but has spent the last five years in this country. His father, the late Dr. Henry Roberts, was educated at the Berkshire (Mass.) Medical School. His uncle, Joseph J. Roberts, recently deceased, was for twelve years President of the Republic of Liberia.

—The American profession will learn with regret the death of Professor Parkes, M. D., so long connected with the subject of hygiene. The sad event took place at Bitterne, England, March 15.

—A church in New York reduced the salary of their pastor from \$2000 to \$500, in the hope that he would resign. It was complained that he gave too much time to medical practice.

QUERIES AND REPLIES.

Milk Diet.

F. R. K., *Illinois*.—Milk diet is the very best kind of diet immediately after confinement. I have given all a patient desires, for twenty-five years, and those old women who censured you did not exhibit common sense. J. W. RISKE, M. D.

Kalamazoo, Michigan.

Ahl's Splints.

Dr. F. P., of *Missouri*.—We esteem these splints very highly, and recommend them unhesitatingly. You can obtain complete sets by addressing this office. Price \$30.00.

Dr. C. C. S., of *Alabama*.—Turnbull on Diseases of the Ear.

Paritus of Pregnancy.

Dr. G. L. C., of *South Carolina*.—The intolerable itching that accompanies pregnancy is difficult to control. Can any reader give suggestions? A French authority recommends cigar-smoking.

Dr. L. L. P., of *Maryland*.—We are not familiar with the poem you refer to. Except in very rare instances, we prefer not to publish rhythmical productions.

Dr. J. B. C., of *Kansas*.—Beard and Rockwell on Medical Electricity. Price \$5.00.

OBITUARY.

DR. JOHN S. PARRY.

At a special meeting of the Medical Staff of the Presbyterian Hospital in Philadelphia, held March 16, 1876, the death of Dr. John S. Parry having been announced, the following resolution was unanimously passed:—

"That we have heard with profound sorrow of the death of our distinguished colleague, John S. Parry, M. D. We feel that in the death of Dr. Parry the profession at large has lost a brilliant, sagacious, erudite and reliable member, and that this Hospital has met with a great loss in the death of one who, by his scientific zeal, clearness of judgment, gentleness of manner, and high moral character, commanded the entire confidence of all his professional brethren.

"This staff also considers it eminently due Dr. Parry to advert at this time to his extraordinary attainments in scientific research, and to his exceedingly valuable additions to medical literature, and we lament that a career so signally useful in this respect has been so soon terminated.

"While recognizing the loss our profession has sustained, we desire to extend our deepest sympathy to the widow of our late colleague, in her bereavement."

MARRIAGES.

CORBIN—MARTIN.—At the residence of the bride's father, Osborne, O., at 1 P. M., March 7th, 1876, by Rev. Wm. H. Cummins, Lee Corbin, M. D., and Miss Annie A. Martin.

FAIRLAM—BUEHLER.—In this city, on the 9th instant, by the Rev. William H. Baum, D. D., Dr. George W. Fairlam and Miss Laura T., daughter of Mr. Martin Buehler.

McFADDEN—DARRAH.—On the 18th, by Rev. Dr. William Cathcart, Dr. William McFadden, of Philadelphia, and Mrs. Annie E. Darrah, of Delaware.

DEATHS.

BEAL.—George W. Beal, M. D., on Monday, March 20th, at his late residence, No. 118 St. Mark's avenue, Brooklyn, in the 83d year of his age.

BEATTY.—At Abington, Pa., on the 10th instant, Charles C. Beatty, M. D., in the 83d year of his age.

LAFON.—In Newark, N. J., suddenly, on the 20th instant, Thomas Lafon, M. D., aged 74 years.

MATTHEWS.—On the morning of the 26th ult., at her residence at Beverly, N. J., after a short illness, Mary Ann Matthews, relict of the late Caleb B. Matthews, M. D., in the 70th year of her age.

PRECHT.—In New York city, on Wednesday, March 15th, 1876, after a lingering illness, Emma Marie Louise, wife of Dr. V. Precht.

STARR.—In New York city, on Monday, March 13th, Susan Hotchkiss, wife of Dr. W. W. Starr, in the 60th year of her age.

SWANN.—In this city, on the 21st instant, Dr. Wilson C. Swann, in the 70th year of his age.